

216020650  
99518

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

|  |  |   |                                    |   |  |  |
|--|--|---|------------------------------------|---|--|--|
| 2  | Total Number of Vehicles   | Local No./ District 137                           | Agency Case No. B6-044500          | HIT & RUN?<br><input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE?<br><input checked="" type="radio"/> YES <input type="radio"/> NO                                    | L 1  |
| A/1<br>01  | DATE OF ACCIDENT   | M M / D D / Y Y Y Y S M T W T H F S<br>05/21/2016 |                                    | (In Military Time)<br>TIME OF ACCIDENT 1215                                 | STATE USE ONLY   |  |
| A/2  | PLACE OF ACCIDENT  | COUNTY Lancaster                                  | CITY Lincoln                       | POLICE NOTIFIED 1215  | 05/21/2016   |  |
| B<br>70  | ROAD ON WHICH ACCIDENT OCCURRED  | STREET/ HIGHWAY NO. NW 7th and W Bridger Rd       |                                    |   | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO  | LATITUDE   |
| C<br>1   | DISTANCE FROM MILEPOST   | FEET  | N S E W OF MILEPOST                | HIGHWAY NO.   | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO  | LONGITUDE  |
| D<br>1   | IF AT INTERSECTION   |   |                                    | IF NOT AT INTERSECTION  |  |  |
|  |  | NAME OF INTERSECTING ROADWAY                      |                                    | <input type="radio"/> FEET <input type="radio"/> MILES                      | N S E W  | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING   |
|  |  | NW 7th and W Bridger Rd                           |                                    |   |  |  |
| V1/M<br>02   | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |   |                                    |   |  |  |
| V2/M<br>02   | MILES  | N S E W   | AND MILES                          | N S E W   | OF NEAREST CITY OR TOWN  |  |
| E<br>2   | R. WORK ZONE CODES   | R1 R2 R3 R4                                       | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b   | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |  |
| VEHICLE NO. 1  |  |   |                                    |   |  |  |
| F<br>1   | DRIVER LICENSE NO.   | H13521143   |                                    |   | STATE (Of License)   | NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE                            |
| V1/N<br>1  | DRIVER   | MAT T DUOTH                                       |                                    |   | PHONE 402-419-4978   | LOCAL NO.  |
| V2/N<br>1  | DRIVER ADDRESS   | 1254 Trimble, LINCOLN, NE 68522                   |                                    |   | CITY, STATE, ZIP   | DATE OF BIRTH (MM / DD / YYYY) 11/23/1994  |
| G<br>2   | OWNER  | MAT T DUOTH                                       |                                    |   | PHONE 402-419-4978   | LOCAL NO. 11-23-1994   |
| V1/O<br>2  | OWNER ADDRESS  | 1254 Trimble, Lincoln, NE 68522                   |                                    |   | CITY, STATE, ZIP   | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO |
| H<br>5   | LICENSE PLATE PA NO.   | TWB739  |                                    |   | YEAR (Plate Expires) 2016  | STATE (Of Plate) NE  |
| V1/O<br>2  | VEHICLE  | YEAR 2001   | MAKE Pontiac                       | MODEL GFS   | BODY STYLE 4 door Sedan  | COLOR bronze   |
| V2/O<br>2  | VEHICLE ID NO. (VIN)   | 1G2WK52JX1F172658                                 |                                    |   | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 800   | INSURANCE COMPANY Viking Insurance   |
|  |  | TOWED TO  |                                    |   | TOWED BY   |  |
|  |  |   |                                    |   | POLICY NO. 274605850   |  |
| VEHICLE NO. 2  |  |   |                                    |   |  |  |
| I<br>1   | DRIVER LICENSE NO.   | H12874650   |                                    |   | STATE (Of License)   | NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE                            |
| V1/P<br>1  | DRIVER   | IRA D LOGHRY                                      |                                    |   | PHONE 402-432-2377   | LOCAL NO.  |
| V2/P<br>1  | DRIVER ADDRESS   | 639 W D ST, LINCOLN, NE 68522                     |                                    |   | CITY, STATE, ZIP   | DATE OF BIRTH (MM / DD / YYYY) 09/24/1986  |
| J<br>01  | OWNER  | IRA D LOGHRY                                      |                                    |   | PHONE 402-432-2377   | LOCAL NO. 09-24-1986   |
| V1/Q<br>4  | OWNER ADDRESS  | 639 W D st, Lincoln, NE 68522                     |                                    |   | CITY, STATE, ZIP   | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO |
| V2/Q<br>4  | LICENSE PLATE PA NO.   | TLY903  |                                    |   | YEAR (Plate Expires) 2016  | STATE (Of Plate) NE  |
| V2/Q<br>4  | VEHICLE  | YEAR 2014   | MAKE Chevrolet                     | MODEL CZT   | BODY STYLE 4 door Sedan  | COLOR blue   |
| K<br>03  | VEHICLE ID NO. (VIN)   | 1G1PC5SB0E7250945                                 |                                    |   | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500  | INSURANCE COMPANY Progressive  |
|  |  | TOWED TO  |                                    |   | TOWED BY   |  |
|  |  |   |                                    |   | POLICY NO. 40076634  |  |
| Complete this section for all injured persons<br>(Complete a continuation report, if more than three were injured) |  |   |                                    |   |  |  |
| VEH. #   | NAME   | ADDRESS   |                                    |   | DATE OF BIRTH (MM / DD / YYYY)   | 1 2 3 4 5 SEX<br>Seat Position Eject Body Region Injury Sev. Trans. M F                              |
|  | LOCAL NO.  | MEDICAL FACILITY NAME                             |                                    |   | EMS SERVICE NAME   | EMS RUN REPORT NO.   |
| VEH. #   | NAME   | ADDRESS   |                                    |   |  |  |
|  | LOCAL NO.  | MEDICAL FACILITY NAME                             |                                    |   | EMS SERVICE NAME   | EMS RUN REPORT NO.   |
| VEH. #   | NAME   | ADDRESS   |                                    |   |  |  |
|  | LOCAL NO.  | MEDICAL FACILITY NAME                             |                                    |   | EMS SERVICE NAME   | EMS RUN REPORT NO.   |

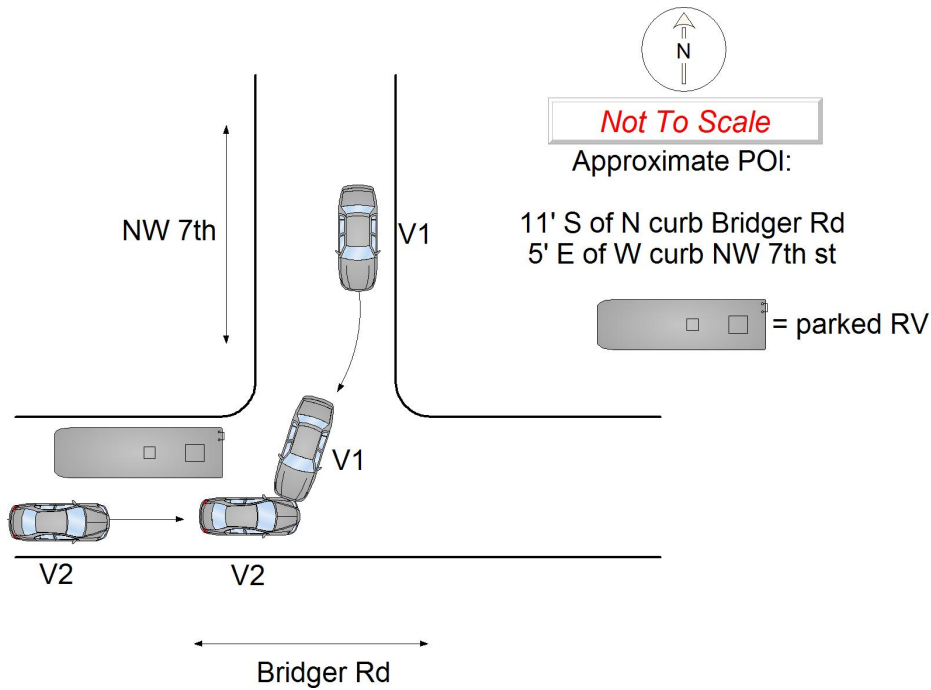
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044500**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Both D1 and D2 were approaching the intersection of NW 7th and W Bridger which is an open intersection. Both stated there was a large RV parked on the NW corner of the intersection blocking each one's view of the other driver. Both D1 and D2 entered the intersection at the same time and collided as D1 was trying to turn right and D2 was trying to go straight. No citations issued due to open intersection.

|                  |                |            |         |       |                              |
|------------------|----------------|------------|---------|-------|------------------------------|
| <b>PROPERTY</b>  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
|                  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
| <b>WITNESSES</b> | NAME           |            |         |       | PHONE                        |
|                  | NAME           |            |         |       | PHONE                        |

| VEHICLE MOVEMENT BEFORE COLLISION |    |                                  |   | POINT OF IMPACT AND MOST DAMAGED AREA<br><small>(Enter numbers for each vehicle)</small> |                      |  |  | AIRBAG DEPLOYED VEHICLE 1 |  | RESTRAINT USE VEHICLE 1 |  | TOTAL OCCUPANTS |  |  |  |
|-----------------------------------|----|----------------------------------|---|--|----------------------|--|--|---------------------------|--|-------------------------|--|-----------------|--|--|--|
| VEH NO.                           | N  | S                                | E | W  | ROAD OR HIGHWAY NAME |  |  |                           |  |                         |  |                 |  |  |  |
| 1                                 |    | X                                |   |  | NW 7th               |  |  |                           |  |                         |  |                 |  |  |  |
| 2                                 |    |                                  | X |  | W Bridger Rd         |  |  |                           |  |                         |  |                 |  |  |  |
| 1                                 | 05 | 06 Turning left                  |   |  |                      |  |  |                           |  |                         |  |                 |  |  |  |
| 2                                 | 01 | 08 Entering traffic lane         |   |  |                      |  |  |                           |  |                         |  |                 |  |  |  |
|                                   |    | 09 Leaving traffic lane          |   |  |                      |  |  |                           |  |                         |  |                 |  |  |  |
|                                   |    | 10 Parked                        |   |  |                      |  |  |                           |  |                         |  |                 |  |  |  |
|                                   |    | 11 Slowing or stopped in traffic |   |  |                      |  |  |                           |  |                         |  |                 |  |  |  |
|                                   |    | 12 Other                         |   |  |                      |  |  |                           |  |                         |  |                 |  |  |  |
|                                   |    | 13 Unknown                       |   |  |                      |  |  |                           |  |                         |  |                 |  |  |  |

|  |                              |   |  |
|--|------------------------------|---|--|
| OFFICER NO.<br><b>1584</b>                                 | TROOP/TEAM/BEAT<br><b>NE</b> | DEPARTMENT<br><b>Lincoln Police Department</b>                      | Photographs taken?<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO |
| INVESTIGATOR NAME (Print or Type)<br><b>Matthew Fisher</b> |                              | INVESTIGATOR SIGNATURE<br><b>Approved by Officer Matthew Fisher</b> | DATE OF REPORT<br><b>05/21/2016</b>  |